

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392701525
Report Date: 09/11/2025
Date Signed: 09/11/2025 08:14:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	TERRACES AT BETHANY, THE	FACILITY NUMBER:	392701525
ADMINISTRATOR/VENTURA, JOSE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(209) 253-5127
ADDRESS:	200 VERA AVENUE	ZIP CODE:	95366
CITY:	RIPON	STATE: CA	DATE:
CAPACITY:	161	CENSUS: 0	09/11/2025
TYPE OF VISIT:	Prelicensing	ANNOUNCED	TIME VISIT/INSPECTION
			10:00 AM
MET WITH:	Jose Ventura	BEGAN:	
		TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Announced Prelicensing visit made out to this facility on 09/11/2025 by Licensing Program Analyst (LPA)
2	Charlie Yang. This LPA was met by the facility designated Administrator, Jose Ventura, who was also
3	accompanied by several other members of this organization at this time.
4	A brief interview was conducted with the facility designated Administrator and the other members at this
5	time.
6	Current census was 0 residents.
7	It was learned that this facility consisted of (3) separate floors with (2) elevators, and a stairway system,
8	at this time for resident use.
9	It was learned that the first (2) floors were able to accept and retain all non ambulatory residents while
10	the third floor was fire cleared to be able to accept and retain ambulatory only residents at all times.
11	A tour of the facility common rooms was conducted at this time. A review of the living areas, media
12	room, and fitness room all located on the first floor was conducted. It was observed that the furniture
13	and furnishings were in good working condition and able to meet the needs of the residents at this time.
14	A tour of the facility kitchen area was conducted. Dish washing station, food prep station, and cooking
15	stations were observed to be maintained and equipped to be in compliance at this time.
16	A review of the facility food storage units was conducted. The walk-in refrigerator and walk-in freezer
17	units was toured. Temperatures were observed to be maintained for the appropriate units at this time.
18	Pantry area was toured at this time. A review of the facility 2-day perishable and 7-day non perishable
19	food supply was conducted.
20	Fire extinguishers, placed throughout this facility on all floors, were observed to have been recently
21	inspected on 07/25/2025 by the local fire extinguisher company, Cen Cal Fire, and in compliance at this
22	time.
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25	

NAME OF LICENSING PROGRAM MANAGER:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Charlie Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/11/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/11/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: TERRACES AT BETHANY, THE	FACILITY NUMBER: 392701525
	VISIT DATE: 09/11/2025

NARRATIVE	
1	A review of the laundry room, located on the first floor, was conducted. Chemicals, bleach and all other
2	cleaning agents were observed to be locked and made inaccessible to the residents at this time.
3	Medication Room was also toured at this time. It was learned that this facility will be using an E-mar
4	system, PCC, at this time.
5	It was learned that a medication cart will be used to store and dispense the medications to the residents
6	as needed.
7	A sample review of the resident rooms was conducted for all three floors. A sample was conducted to
8	review the different floor plans and layouts since there were studio, 1-bedroom, and 2-bedroom set ups
9	at this time.
10	A sample review of the resident restrooms was conducted. Grab bars and non skid surfaces were
11	observed to be present and able to meet the needs of the residents at this time.
12	Hot water temperatures were taken and measured to make sure that they were within allowed range of
13	105-120 degrees at all times.
14	It was learned that a washer and dryer were made available and present in all of the resident bedroom
15	units. Storage of detergents, bleach, and cleaning supplies were going to be determined on a case by
16	case scenario depending on the assessment and appraisal of the residents at that time.
17	First aid kits, located throughout this facility, were reviewed and observed to contain all of the required
18	components at this time.
19	It was observed that security cameras were in place and in use at this time. All common areas, dining
20	area, and medication room were all equipped with cameras at this time.
21	A brief tour of the facility exterior grounds was conducted. There wasn't a perimeter fence in place at this
22	time.
23	It was observed that facility staff files were set up at this time.
24	It was observed that facility resident files were set up at this time.
25	
26	Based on a review of this facility during today's Prelicensing visit, it has been found to be in compliance
27	at this time.
28	
29	Exit Interview
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NAME OF LICENSING PROGRAM MANAGER: Liza King	
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/11/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/11/2025